



CITY OF CALEXICO

608 HEBER AVE. . CALEXICO, CA. 92231

ATTN: BUSINESS LICENSE DEPARTMENT

(760)768-2122 for payments Mail Applications or submit to E-mail: businesslicense@calexico.ca.gov

BUSINESS LICENSE APPLICATION

City website: www.calexico.ca.gov

		OFFICIAL USE ONLY	
Business Name _____		BUSINESS LICENSE # _____	
Business Location _____ (P.O. Box not accepted)		SIC / NAIC _____	
Bus. Phone (_____) Bus. Fax (_____)		LICENSE FEE \$ _____	
Mailing Address _____ (if Different from above, P. O. not accepted)		DATE PAID _____ CASH _____ CHECK _____	
Description of Business _____		BUSINESS START DATE _____	
Landlord Names _____ MUST HAVE A Resale No. BOE: _____ MUST HAVE A Federal ID No. _____ MUST HAVE A State ID No. _____		Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Apartments			
Enter below names of Owners, Partners, or Corporate Officers- Use additional sheets as necessary			
Owner Name _____ Title _____ Phone (_____)			
Home Address _____		Web-site _____	
Driver's License No. _____ Social Security # _____		E-Mail _____	
Contact Person:			
Name _____ Title _____		Phone(_____)	
PLEASE COMPLETE THE FOLLOWING:		PLEASE E-MAIL AT businesslicense@calexico.ca.gov WITH ESTIMATE OF GROSS RECEIPTS FOR BUSINESS LICENSE FEE	
APARTMENTS <input type="checkbox"/> NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by calling to the nearest State Board of Equalization at 1-800-400-7115.		One Year Estimated Gross \$ _____	
NO. OF UNITS <input type="checkbox"/>		BID FEES ZONE 1 & 2, IF APPLICABLE \$ 100.00	
VEHICLE LICENSE # (S) _____		Business License Fee Due \$ _____	
		Regulation Fee \$20.00 \$ 20.00	
		FIRE INSPECTION FEE \$ 167.00	
		TOTAL AMOUNT DUE \$ _____	
		EFFECTIVE JANUARY 1, 2013: SB 1186 STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND \$ 1.00	

Thank you for doing business in the City of Calexico!

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date: _____ Signature of Owner or Representative: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF CALEXICO

License Reviewed & Cleared B		OFFICIAL USE ONLY	
Finance Dept. _____	Police Dept. (fingerprints) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Please Check One
Building Division _____	Planning/Zoning _____		NEW APPLICATION
Fire Dept. _____	Health Dept. _____		CHANGE OF OWNER
			CHANGE OF ADDRESS
			CHANGE OF BUSINESS NAME
			HOME OCCUPATION

revise October 2013

Please notify us once you no longer are doing business with the City of Calexico, to avoid future billing and additional fees!